



ChAMP Empiric Antimicrobial Guidelines

For children with a beta-lactam allergy – refer to full guidelines

RESPIRATORY / PNEUMONIA (HAP, CAP AND VAP)		
<u>CAP <1m</u>	IV gentamicin AND IV benzylpenicillin	Refer to neonatal guidelines
	<i>Consider investigation and treatment for pertussis and/or Chlamydia trachomatis</i>	
<u>CAP or aspiration pneumonia ≥1m</u>	PO amoxicillin 25mg/kg (max 1g) 8 hourly OR IV benzylpenicillin 50mg/kg (max 1.2g) 6 hourly	
<u>Severe CAP ≥1m</u> <u>ICU OR fluid bolus ≥ 20mL/kg</u> <u>OR hypoxia (<85% in air)</u>	IV ceftriaxone 50mg/kg (max 2g) once daily AND IV vancomycin 15mg/kg (max 750mg) 6 hourly AND PO/IV azithromycin 10mg/kg (max 500mg) once daily Note – Azithromycin for CAP should be restricted to 3 days treatment	
<u>Hospital-acquired pneumonia (HAP) >1month</u>	PO amoxicillin/clavulanic acid 25mg/kg (max 875mg amoxicillin component) 12 hourly OR IV ceftriaxone 50mg/kg (max 2g) once daily	
<u>Severe HAP or VAP ≥1m</u> <u>ICU OR fluid bolus ≥ 20mL/kg</u> <u>OR hypoxia (<85% in air)</u>	IV piperacillin/tazobactam 100mg/kg (max 4g) 8 hourly AND IV vancomycin 15mg/kg (max 750mg) 6 hourly	
<u>Pertussis <6m</u>	PO azithromycin 10mg/kg (max 500mg) once daily x 5 days	
<u>Pertussis ≥6m</u>	PO azithromycin 10mg/kg (max 500mg) once daily on day 1 then 5mg/kg (max 250mg) once daily on days 2-5	
SEPSIS / BACTERAEMIA		
<u>< 1 month community acquired (meningitis excluded)</u>	IV gentamicin AND IV amoxicillin	<i>Refer to neonatal guidelines for dosing in those <1 month.</i>
	CONSIDER IV aciclovir	
	ADD gentamicin if unstable	
<u>< 1 month community acquired (meningitis not excluded)</u>	IV amoxicillin AND IV cefotaxime	CONSIDER aciclovir
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<u>≥1m to ≤3 m fever > 38°C without source</u>	Give IV ceftriaxone 50mg/kg (max 2g) once daily if bacteraemia suspected	
<u>≥ 1 month community acquired sepsis with haemodynamic instability</u>	IV ceftriaxone 50mg/kg (max 2g) 12 hourly AND IV gentamicin stat if unstable	
	CONSIDER IV vancomycin 15mg/kg (max 750mg) 6 hourly	
	ADD IV aciclovir if HSV encephalitis suspected	
<u>≥ 1 month Healthcare-associated sepsis</u>	IV cefepime 50mg/kg (max 2g) 8 hourly + IV vancomycin 15mg/kg (max 750mg) 6 hourly CONSIDER IV gentamicin stat if unstable	
<u>Fever +/- Neutropenia (Oncology patient) ≥ 1 month</u>	IV cefepime 50mg/kg (max 2g) 8 hourly +/- IV vancomycin 15mg/kg (max 750mg) 6 hourly ADD IV gentamicin stat if unstable	
INTRA-ABDOMINAL SEPSIS, AGE ≥ 1 MONTH		
<u>Peritonitis/ Appendicitis</u>	IV amoxicillin/clavulanic acid (refer to monograph for dose)	

MENINGITIS – COMMUNITY ACQUIRED

Meningitis <1m	IV cefotaxime AND IV benzylpenicillin AND aciclovir	Refer to neonatal guidelines
Meningitis ≥1m	IV ceftriaxone 50mg/kg (max 2g) 12 hourly +/- IV vancomycin 15mg/kg (max 750mg) 6 hourly	
Encephalitis ≥1m	IV aciclovir ADD oral oseltamivir 3mg/kg (max 75mg) 12 hourly for 5 days during flu season	

URINARY TRACT INFECTION

Systemically well, ≥ 3 months	PO cefalexin 20mg/kg (max 750mg) 8 hourly x 5 days
Systemically unwell OR ≥ 1 to < 3 months	IV amoxicillin 50mg/kg (max 1g) 6 hourly AND IV gentamicin (refer to monograph for dose)

SKIN AND SOFT TISSUE INFECTION, AGE ≥ 1 MONTH

Mild	PO cefalexin 20mg/kg (max 750mg) 8 hourly OR , if able to tolerate capsules flucloxacillin 12.5mg/kg (max 500mg) 6 hourly	
Moderate	IV flucloxacillin 50mg/kg (max 2g) 6 hourly	
Severe skin or soft tissue infection	IV flucloxacillin 50mg/kg (max 2g) 6 hourly AND IV vancomycin 15mg/kg (max 750mg) 6 hourly IF shock or features of toxic shock syndrome ADD IV clindamycin 10mg/kg (max 600mg) 6 hourly	
Bites, mild- moderate	PO amoxicillin/clavulanic acid 25mg/kg (max 875mg amoxicillin component) 12 hourly	Review tetanus immunisation
Bites, severe	≥ 3months IV amoxicillin/clavulanic acid 25mg/kg (max 1g) 8 hourly (refer to monograph for those <3months)	

OSTEOMYELITIS OR SEPTIC ARTHRITIS, AGE ≥ 3 MONTHS

Uncomplicated	IV flucloxacillin 50mg/kg (max 2g) 6 hourly
Uncomplicated (MRSA risk) OR severe/ multifocal/ ICU	IV flucloxacillin 50mg/kg (max 2g) 6 hourly AND IV vancomycin 15mg/kg (max 750mg) 6 hourly

EYES, EAR, NOSE & THROAT, AGE ≥ 3 MONTHS

Mild periorbital cellulitis	PO cefalexin 20mg/kg (max 750mg) 8 hourly OR If sinusitis or HiB risk: amoxicillin/clavulanic acid 25mg/kg (max 875mg amoxicillin component) 12 hourly
Moderate periorbital cellulitis	IV flucloxacillin 50mg/kg (max 2g) 6 hourly OR If sinusitis or HiB risk: IV ceftriaxone 50mg/kg (max 2g) once daily
Severe periorbital or orbital cellulitis	IV ceftriaxone 50mg/kg (max 2g) once daily AND IV vancomycin 15mg/kg (max 750mg) 6 hourly
Acute mastoiditis	IV ceftriaxone 50mg/kg (max 2g) once daily
Acute mastoiditis (with CSOM or history of <i>Pseudomonas</i>)	IV piperacillin/tazobactam 100mg/kg (max 4g) 8 hourly
Otitis media (low risk CSOM)	Consider PO amoxicillin 15mg/kg (max 1g) 8 hourly x 5 days Refer to full guideline for patients at high risk of CSOM
Tonsillitis	Consider PO phenoxymethylpenicillin 15mg/kg (max 500mg) 12 hourly x 10 days

Summarised information from ChAMP Empiric Guidelines: Approved March 2022, Review Date March 2025